To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT' THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. print: Inda Kryszewski sign: Matartyonyashi	Street: 320 First St. City: Posholt Zip: 54473 Rosh:H	Town Village City (Municipality Name)	12/13/2011 (Month) (Day) (Year)	Pho
2. Print: Phy 1115 IAN do 415 M. Sign: Aylis Randwooke	Street: 195ViCTGRIAN LA VI 54473 City: RUSholt W: Zip:	Town Hillage City Reshour (Municipality Name)	Month) (Day) (Year)	Pho
Sign: STEVE GRICK	Street: 3178 W. Lake Helen Dr City: Feshelt, WI zip: 54473	Cown Village City Alh/Ul (Municipality Name)	/3-/13/20// (Month) (Day) (Year)	Pho
signe Mary Ann Weisbrod signe Mary Ann Weisbrod	Street: 3082 E. Lijke Helen Dr. City: Kosholt WI zip: 54473	City (Municipality Name)	17/13/2011 (Month) (Day) (Year)	Pho
Sign: Day C Waishord	Street: 3087 E. Lake Helen Dr. City: Kosholt Wi zip: 54473	Town Utiliage City (Municipality Name)	Y/13/20 <u>il</u> (Month) (Day) (Year)	Phor
I. Mary Ann Weisbrod. (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 3083 E. Lake felon Dr (Circulator's Residence – Street Name and Nu.	Rosholt, WI (Circulator Muni	54473 icipality)	Circulat Please inch

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats,

(Month) /3 /20 // (Year)	Mary Crex Wessbrod (Signature of Circulator)
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	t to Article XIII, Section 12 of the Wisconsin Constitution a SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT.		PO Box Madiso
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Linda Dobbe Sten: La Dolle	Street: 4016 Camty Pd A	Town Alban City	D/13/2011 (Month) (Day) (Year)	Email Phone
2. Julianne Firkas	City: Rosholt, W1 zip: 54473	(Municipality Name)		Email
2. PrintaliaNN e Firkos Signifulianne Fuhue	Street: 156 W Randolph City: Poshott Zip: 54413	Town Poshoff City (Municipality Name)	/2/3/20// (Month) (Day) (Year)	Phone
3.	City: 7 83 NO 11 Zip: 3 7473	□ Town		Email
Print:	Street:	□ Village □ City	/ /20 (Month) (Day) (Year)	Phone
Sign:	City: Zip:	(Municipality Name)		(
4.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Bay) (Year)	Phone (
5. Print:	Street:	☐ Town ☐ Village ☐ City	, ,	Email
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Linda Dobbe Sign: Lodo Dobbe	street: 4016 Canty Pd A City: Rosho H, W1 zip: 54473	Town Village City (Municipality Name)	D/13/2011 (Month) (Day) (Year)	Phone (
2. Print di a NN e Firkos Signifulanne Fishus	Street: 156 W Randolph City: Poshott Zip: 54413	Town Rosholt City (Municipality Name)	/2/3/20// (Month) (Day) (Year)	Phone
Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	// /20	Phone (
5. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone (
I. Man Ann Weisbrod (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 3/35 E. Luke Helen Dr (Circulator's Residence - Street Name and Nu	Roshol Y, WT. mber) (Circulator Muni	(Alban)	Circulator Please include

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PO Box 2: Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE CON Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email Town □ Village Phone (Municipality Name) 2. Email ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Email 3. ☐ Town □ Village ☐ City Street: Phone (Municipality Name) City: 4. Email □ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Zip: 5. Email □ Town □ Village ☐ City Street: Phone (Year) (Municipality Name) City: Certification of Circulator

, SEAN HADORY (CPrinted Name of Circulator)	rertify): I reside at <u>LGO W. WADISON \$7.</u> (Circulator's Residence – Street Name and Number)	PLATITULE (11) (Circulator Municipality)
	ained each of the signatures on this paper. I know that the signers are electors of the jur	
	aper with full knowledge of its content on the date indicated opposite his or her name. I	
12/9/2011	Li The	Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

the pursuant to Article XIII, Section 12 of	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT.	THE NAME OF THE MUNIC	CIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.
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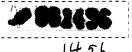
To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no		
		Street: 107 N Monroe 5+	Town Village Spencer City	11 /26/2011
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0.		Street:	☐ Town ☐ Village ☐ Gty	/ /20(Month) (Day) (Year)
		ion of Circulator	La Cary	(Monus) (Day)

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
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met Rail	Cas: BRALTLOS V Zap. 54512	>		(Finai
Lorinda backson	New W321 Kansastte	☐ Village ☐ City	12/17/2011	Phone
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		□ Town □ Village □ City		Email
	Street:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
	Certification of Circulator	Stevens 8	<u> </u>	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named to this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall perition. Lam aware that falsifying this corrification is punishable under \$.12.13(3)(a), Wis, Stats



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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Robert CHojnacki Sign: Pleby Chuh.	Street: (10 Moon Rd lot 2 % City: Mosineewis zip: 54455	M b S n e e (Municipality Name)	12/14/2011 (Month) (Day) (Year)	Phone (
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
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Sign	City: Zip:	(Municipality Name)		(
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	Certification of Circulator			

I. SEAN HADORN.
(Printed Name of Circulator)

(certify): I reside

Certification of Circulator ST.

(Circulator's Residence – Street Name and Number)

PLATTEVILLE CITY

(Circulator Municipality)

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sulloune Thotask:	City. Rostelt Zip. 5447	ALban (Mann. spality Name)	(Month) (Day) (Year)	Phone (
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1. M Pavid Kruger	2565 County Road T	X i Town □ Villags	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Himail
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(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
	tained each of the signatures on this paper. I know that the signers are electors of the juris	
named in this petition. I know that each person signed the p recall petition. Lam aware that falsifying this certification is	aper with full knowledge of its content on the date indicated opposite his or her name. Lk ponishable pures \$1,73,33 applies Stats	now their respective residences given. I support this
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
1. St/ IV GLOGOWSK	Street: 396 W Grand Uc	Town Stillage City Osholt	12 /19/20/1 (Month) (Day) (Year)	Email Phone
Glodow ski	City: Roshalf Zip: 54473	(Municipality Name)		(
Prince Dennis Mudill	4223 Cty Rood ± Street: Roskott Win 54473	☐ Town ☐ Village ☐ City	12/17/20_1)	Email
Sign: Denni K Mlodik	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
3. Print: Anna Mlodik	4223 County RoadI	Town Village	6.214-1	Email
Sign: anna Mirdik	city: RoshoLt zip: 54473	(Municipality Name)	/2/1/20	Phone (
4. Mark Mihalek	street 10108 w. Tree Lake Red	Town Village City	12/17/2011	Email
Sign: Mary Mins	city: Roshott, W: zip: 54473	(Municipality Name)	(Month) (Duy) (Year)	Phone (
5. Righard Ferg	Street: 1180 8 State Hay 49	☐ Town ☐ Village ☐ City	12/17/2011	Email
Sign: Ruthund Feng	City: Roshelt Wizip: 54473	(Municipality Name)	(Month) (Day) (Year)	Phone (
John R. Harper	Certification of Circulator (certify): 1 reside at 1732 E/K ST	Steven	s Point	Circulators

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(Circulator's Residence - Street Name and Number)

(Month) (Day) (Signature of Circulator)

Circulators Please include y

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
i. Ronald Kowalski	Rosald Kowalaki	Street: 569 Ranger-Street City: Mossinel Zip: 54455	Town Village City Mosphel	(Month) (Dat) (Year)
2. AAYR ROWALSKI	Par Kourdoki	Street: 569 Ronger Street City: Moanee Zip: 54455	Town Village City Moure	/2/8/20/1 (Month) (Day) (Year)
3. Fred Bradfish	Ju Ball	street: 1614 Foothill Ave City: Weston Zip: 54476	Town PVillage City Wastun	(Month) (Day) (Year)
4. Kelsey Schneider	KelaySilniah	Street: 900 1917 57- City: Massime Zip: 59465	Town Village AT City Mass New	12 /19/20//. (Month) (Day) (Year)
5. Office Ker Your	Muck Chang	Street 5206 Linda St City: Weston WI Zip: 54476	Town City City	12/14/2011 (Month) (Day) (Year)
Die Xiongchaus	Diasdicas	Street: 5206 Wilda St City/breston, WT Zip: 578476	Town Willage City Weston	12 /1 8/2011 (Month) (Day) (Year)
Morra Bishop	Mona Fisher	Street: +961 N. 10+4 Aver	Town 7/4 Village Waysau Prcity	12/14/2011 (Month) (Day) (Year)
Betty hy anee	Betty how Shee	Street: 6503 Buch Str 34476 City: Weston Wes Zip:	D Town Dylllage City Westor	12/19/2011 (Month) (Day) (Year)
Ralph E Chee	Robh & Blue	street: \$503 Birch St ans. Westen 210:54476	City Weston	(Month) (Day) (Year)
DERALD BERNI	Teroll & Bern	Street: 1244 S. 7th Ave	O Town O Village City City Vausau	(Month) (Day) (Year)
	Certification	of Circulator	•	•

DERALD BERNAS	Level & Berne City:	Wansace	7,0	Town Village City Wanglan	(Month) (Day) (Year)
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Daniel Hazaert	, (certify):	I reside at 7402	wall st	RoThers;	1 Village
(Name of Circulato			dence – Street name and N		Municipality)
personally circulated this recall petition and personally obtained the paper with full knowledge of its content on the date indicated					
1 7 / 4 / 20 1/ (Month) (Day) (Year)	- Vallye	Signature of Circulator)		Page No.	(Official Use Only)
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MARY PASHOIC	Mary Pasholy	as: Warsay WT 219:504483	Trown Ullage WUSAU	/2//9/20// (Month) (Day) (Year)	Ema
Ambler Ambler	ander amble	Street: 2209 .NH. St. City: Wausau zip: 54463	Town Village Strip Wavsav	12/19/2011 (Month) (Day) (Year)	Ema
Terry Lilian Jewar	dowski Stelia	Street: 133 E. Thomas St Ou: Wallsall WT 21p. 5440	Town Uvillage City Wau Cau	/2/ /20/ (Month) (Day) (Year)	Ema
Dave Jastrow	Jul Entry	Street: 2609 N. 25=54405 City: Walsav zip: 54405	Town Village City Waysav		Pho
DIXIE TERRELL WILHITE	Distillate	ary: WAUSAU WIZIP 54403	Town Village Lausku	12/19/20_1 (Month) (Day) (Year)	Pho
·Sandra Kevilus	Sanda Kevela	Street: 1/4 1/2 S 7th St City: Waysan zip: 54403	Town Village City DauSay	12/19/20_11 (Month) (Day) (Year)	I PRO
Scott EATON	Jed W. Let	Street: 701 HUMBOCST AVE.	Town Village City WAus Ael	(Month) (Day) (Year)	Ema
David Olmotal	Duldburg	Street: 1510 N. Zul Ave	D Town D Village City Wansan	/2 /1 7 / 20 <u>4</u> (Month) (Day) (Year)	Ema
. Children Jourson	any tal	Street: (U709 Tesch Ln. Apt. 5 cty: Rothschold zip: 54474	Town Rothschild	VZ/19/2011 (Month) (Day) (Year)	Ema
"Bethany Hintze	Bethany Witz	GIV: Weston ZID: 54476	Town Parvillage City WeS+60	18/19/2011 (Month) (Day) (Year)	Pho
Daniel Hazant	Certification of			Il VIllag.	٠ .

[Name of Circulator]

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	signatures Helegiors	IY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	SIGNATURES VI ELECTORS	Rural address must also include box or fire no.	(Indicate Town, City, or Village)	DATE OF SIGNING
Ponald hror	Low of	street: 820 Tuner ST. 54403	Town	11/19/20/1
langentie 10161	garan	City: Way Say D 12154403	ASCINULUSAU	(Month) (Day). (Year)
KA Thao	AAAA	Street: 1300 N. 9th Ane 1554401	Town Uyillage AVSAU	12/9/2011 (Month) (Day) (Year)
	7.77	City: WANSQV Zipt.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Debra Wysaki	Debra Wysocki	street: 827 Ning Ave.	Drown Village Wansan	(Month) (Day) (Year)
		street: 3108 Boos tex	□ Town	- 1 - 1
Barbara L.Wirkus	Barcarallebus	city: Western zip: 54476	City Wassen	(Month) (Day) (Year)
1 10 - 15	DDA	Street 3605 windy Ridge way	☐ Town	12/19/2011
U7 WW13	Jour	an Schofield 21054476	a city Wester	(Month) (Day) (Year)
ErinMaki	ErinMki	Street Leboz Birchmood	Trown Schoffeld	[2/9/20] (Month) (Day) (Year)
		ay: Schoffeld zip: 67472	e yr-	
Tricty Math	Alcala Marker	Street: N 54 (N) RA Y	Town Village City	2 /19/2011 (Month) (Day) (Year)
iristy Matter	0000000	City: Hat Cy NI ZID: 54440		
Tylet Morges	Tyles CY longer	street: W4981 Pope	Town Village City	(Month) (Day) (Year)
			□ Town	1 1
	·	Street: City: Zip:	□ Village □ City	(Month) (Day) / 20
		Street:	□ Town	1 /20
		Street: City: Zip:	□ Village □ City	(Month) (Day) / 20
Daniel Hazars	Certification o	f Circulator fy): 1 reside at 7402 wal 8		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or bername. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and \$.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2560

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NA	ME OF THE MUNI	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		Madison, WI
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL RO Rural address must also include box or i		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTACT INFOR
Suzanne Zunker	Suzanne Zunk	street: 613 5. 22nd 1	Ave 5440	Town Village RCity Warran	J2/19/20/1 (Mouth) (Day) (Year)	Email Phone)
Shayna Pankratz	1 0	Street: 1231 S. 50th AVE #		Town Village Nausau	12/19/20_11 (Month) (Day) (Year)	Email Phone)
3. Kverce Katka	Jona Kabla	Street 7/248 Fovest Hill City: Wausay, WI 24pt.	1 Ke.	Atown Village Texas	12/19/20// (Mouth) (Day) (Year)	Email Phone)
JENERCE KAHKA 4. GREGORY NEWPORT 5. DONALD DHINTIESE	Huyan Newporm	Street: 2851 BITTERSWIEE		Z Town □ Village MOSINES □ City	12/19/20 <u>U</u> (Month) (Day) (Year)	Email Phone)
5. DONALD HINTER	Le flend	Street: 1710 3 BB ST City: WAUSAU WI Zip:		□ Town □ Village ■ City	12/19/20_1\(\text{(Month) (Day) (Year)}	Email Phone)
6.		Street: City: Zip:		□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
7.		Street: City: Zip:		□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
8.		Street: City: Zip:		□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone)
9.		Street: City: Zip:		□ Town □ Village □ City	/ 20(Month) (Day) (Year)	Email Phone)
10.		Street:		□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone)
(Name of Circularsonally circulated this recall petition and personally obtapaper with full knowledge of its content on the date indicates	Certification of the signatures of his paper. I know that the	(Circulator's Residence – S	Street name and represented by the	Number) (Circulator Mofficeholder named in this petition. I know the		Circulat	tors, please actude you

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Chelson, edenhoft	Chen huller	Street: 721 Scott St Alt 2 City: Vansaw zip: 54485	Town Village City LauSau	(Month) (Day) (Year)
Patrick Hughes	But High	Street: 5705 Babl Ln. City: Weston Zip: 54476	Town Weston City	12/19/20 <u>11</u> (Month) (Day) (Year)
Danielle Hanson	Danen Janson	Street: 203 Laut St City: Rothschild zip: 54474	OKVillage Rothsch: 12	12/19/2011 (Month) (Day) (Year)
RANDY Walters	Randy Walter	Street: 2014 5Ames 57 City: MosiNee Zip: 54455	D Town Village Kronewitten	12/19/20/ (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day), (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)

				City:		Zíp:	☐ City		(Month) (Day) (Year)
10.				Street:			☐ Town ☐ Village		/ /20
				City:		Zip:	City	_	(Month) (Day) (Year)
Scou	· < /	1 UAU		n of Circulat	I OM	- Runki	YORN AVE	Sound	FIAD
	(Name of Circul	ator)		certify): I reside at	(Circulator's	Residence – Stree	t name and Number)	(Circulate	or Municipality)
ersonally circulated this recall pet paper with full knowledge of its	content on the date indic	atted opposite his or her	name. I know their respec	tive residences given.	Support this legall	tition. Pam aware	that falsifying this certification	s punishable under S.	12.13(3)(a), Wis. Stats.
12 / 12	7 /20 (Years)	_		(Signature o	f Circulator)			Page No.	. (Official Use Only)
(Month) (Day)	(Year)							#_ U	A1463

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED	1
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Shelley Lewardowski	Shelley Frederdowski	Street: 1044 Old Herry 51 City: Mosine Zip: 54455	Town Uvillage Westy Mosinee	13/16/2011 (Month) (Day) (Year)	Email Phone
Welliam HECKO	The Clan Thekma	Street: 701 LOwon On Str. Mosing Tipellis	Ocity MOSINES	/2/17/20// (Month) (Day) (Year)	Email Phone
James A. Rykowsk	Venuet Kihowal	Street: 5570ALTON DB. City: HasiNGE, Wi- Zip. 54435	Divillage Mosins	12/17/20// (Month) (Day) (Year)	Email Phone
DORUTHY BENNEY	Little Best	Street: 679 E41501 5T City: MUSINZE 2102; 4435	U Town U Village U City U MOSINEE	////20// (Month) (Day) (Year)	Email Phone
Charlene Babbitts	Charle Babbetts	Street 2575 Evergreen RI City: MOSINER WI 21654455	De Town Uvillage City Marthon	12//7/20 <u>1</u>	Email Phone
BARD ERANGE	par Ceransh	Street: 1002 EAST ST CUSTARATHON Zip. 54448	Town Village City MARATHON	12/19/20// (Month) (Day) (Year)	Email Phone
2. Danuel Hurt	DANIEL HINTZ	Street: 7/3 6+1+ST City: MOSINEE 21054453	O'City M OS IN EE	/2/19/20// (Month) (Day) (Year)	Email Phone
8. Mayabelli 54ahel	MARABETH Stahel	Street: 215 CTH 6	Stown City Steff	/3/3/20/1 (Month) (Day) (Year)	Email Phone
"Janet Windon	Stand Windard	Street: 831 Slangle ave	Town Village Olesay	12/19/20	Email Phone
DONE WINDORSKI	1 01, 0	Street: 831 Dingl av City: Warser Wy Zip: 54903	O Town O Village Scity Waysan	/J //9/20// (Month) (Day) (Year)	Email Phone
Rachel (Name of Circula	A. Heldt Certification o	f Circulator y): I reside at 703 Wat ev (Circulator's Residence - Street name and	St. Mosil	ree WI	540

I, I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Paula Hawkins	Paule Hawkins	street 1502 Franklin St,	Town Village WAUSAL	(Month) (Day) (Year)
Hawkins		City: WAUSAU Zip: W Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Alaxwan	Markoune	Street: 9355, 951 Ave	Town Village West	19 / 17 20 M
Tammy Kreniq	Dammer Korn	street: R12493 River Rd Water Rivale WI ZIP: 5447	Village Ringle	(Month) (Day) (Year)
Yaus Yary	MA	Street: 3907 Howland Ave, City: Weston Zap: 5447	Solity Weston	12/19/20/1 (Month) (Day) (Year)
Steven Nucrobergo	Atum the	Street: 1125 Grand Augustus Wansan Zip: 54463	Town Village Kousau	/2//7/20_(Month) (Day) (Year)
lowedness thered	with the	Street: 1125 Grand Ave 11 City: Waysay 21p: 54403	Town Village Was Sar JL	6 / R / 20 1 (Month) (Day) (Year)
9.	0	Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) /20(Year)
		Street: City: Zip:	□ Town □ Village □ City	/ 20
Joshua Lord	, (ce	n of Circulator ortify): I reside at 140 Z Stavk S. (Circulator's Residence – Street name of	t Ways	Aunicipality)

Circ

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS			
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
arol A. Reitz	Carol a. Reitz	street: 1235 Evergreen Rd any: Wausau WI zip: 54403	□ Town □ Village Wauseu ■ City	(2/25/20
Parky Wegner	Beckery	Street: 1439 ISI ANE N City PACK FAILS WIL ZIPS4552	Town Village Octy Park Falls	12/8/20\ (Month) (Day) (Year)
Heidi Giese	Heich Liese	Street: 2242 Meadow Dr City: Moseinee W. Zip: 54455	Village Kronenweter	12/18/20/1/ (Month) (Day) (Year)
Scott Werner	Let Ferner	street: 1967 James St city: Kronenwetter, Wizzp: 54455	Drown City Kronenwetter	12/18/20/1 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) / 20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20(Month) (Day) (Year)
:		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) /20
		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		of Circulator		
Margaret Wer (Name of Circulated this recall petition and personally only by the late individual to the date indi	dator), (ce	entify): I reside at 1008 River Tvail D (Circulator's Residence – Street name and at the signers are electors of the jurisdiction or district represented by the veresidence given. I support this recall petition. I am aware that falsifying	d Number) (Circulator of the first of the fi	Municipality) that each person signed
) / [] /20 11	May: M. DL	Nerhane	r	Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
DONNA NOLAN	Dania Molan	Street: 2908 DOVE AVE. City: Waysau, Wi. zip: 54401	INTOWN PIB MI	/2/19/2011 (Month) (Day) (Year)			
Corry Boehm	Ly Breds	street: 3305 Sandy Ln. City: Weston Zip: 54476	Town Wyillage City Destroy	\2/3\\\20 <u>\(\lambda\)</u> (Month) (Day) (Year)			
Katherine Stanton	Hatherine Stanton	street: 410 Maria Dr. City: Wausau zip: 54401	Town Village Wausau	12/19/2011 (Month) (Day) (Year)			
Juan Ginter	I van R Linter	Street: 936 S21 Ave City: Wansan zip: 54401	Town Village Wausau	/2/1 20_1 (Month) (Day) (Year)			
Russell Emon	Russell Emon	Street: 915 MAPLE ST City: WAUSAU Zip: 54401	□ Town □ Village □ City	1 2/19/20// (Month) (Day) (Year)			
Carol Radtke	Carol Radthe	street: 1678 (reel Rd City: Mosinee zip: 54455	Drown Kronenwetter City	12/19/20_// (Month) (Day) (Year)			
Mel Radtke	My Roltel	street: 1678 Creek Rd City: Mosinee Zip: 54455	□ Town ⊠ Village Kronenwetter □ City	/2 // 9/20// (Month) (Day) (Year)			
DAVID WIEGAND (al Dei	Street: 1636 FOUR Mile ROAD City: MARATHYN ZIP: SYYYB	Town Oillage City MARATHIN	12 119 20 <u>1</u> (Month) (Day) (Year)			
Flyse Wiegand	Jun Ahread	street: 1636 Four Mile Rd City: Marathan 21054448	M Town O Village City C	/3 //9/20 (Month) (Day) (Year)			
Leng Lee	Chy (a)	Street: //34 8 19thAve City: WAUSAV 5440/ Zip: W)	□ Town □ Village □ City				
	Certification of	of Circulator		11.			
DODOTHY T MILLE	(courti	full I recide at 1800 Co. Ral KK. INC	GINDO I ALDINOTI	1V1/15/48			

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	FURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Susan Babeock	Susan Babant	city: Mosinee, w. Zip: 54437	□ Town □ Village □ City MOSINEC	12 63 20 12 P
Kenneth Ryskiewia	Honneth Byskiewicz	Street: 830 School Rd. City: Mosinee WI. Zip: 54455	Prown Village City Knowlton	2 /15/20 E (Month) (Day) (Year) P
Eric M. Basszc		Street: 474 OWAN ST City: MOSINEE Zip: 54455	□Town □Village SCity Mosinee	12/15/20/1/ (Month) (Day) (Year)
Bruce A DROKE.	250	Street 5-49 Kunzman Lu City: Mosinkewi zip;5455-	Grown KNOWLTON John City KNOWLTON	/2/15/20P
TOM BREITENSTEW	Tom Brutenstee	Street: 404 SEAGULL DR. CHANOSIN EE WIS ZIP:54455	MTown Uvillage City KNOWLTON	/3/19/20// (Month) (Day) (Year)
Pamela Asmundsen	Tange Jones	Street: 749 Redfield Rd City: MOSINER Zip: 54455	Krown Village City Know Hor	[2/18/2011] E P
ROBERT GRASE	L Boker Trass	orgen: 7249 Redfield Bd. City: morine, Wikip: 54485	Town Village City KYO WTO X	2 8 20 F (Month) (Day) (Year) P
Nancy L. Grassi	nancy S. Grasd	street: 749 RedfiehRd City: Mosinee Wi zip:54-155	Trown Village Knowlton	[2] /8/2011 P
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20 E
10.		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) (Year)
	Certification (of Circulator		

I,	GEORGE D. GRASSL	, (certify): I reside at	1019	SCHOOL RI)	KNOWLTON
	(Name of Circulator)		(Circulator	's Residence - Street name and Number)	(Circulator Municipality)
I personally	circulated this recall petition and personally obtained each of the signal	ures on this paper. I know that the signers are elec-	tors of the jurisd	iction or district represented by the officeholde	r named in this petition. I know that each person signed
the nener wi	th full broadlades of its content on the data indicated conseits his such		r	. 11 - Anglet A. G. T. C.	5

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punished under S.12.il.3(3)(a), Wis. Stats.

 $\frac{12}{\text{(Month)}} / \frac{19}{\text{(Day)}} / \frac{20}{\text{(Year)}}$

(Signature of Circulator)

Page No. (Official Use Only)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Richard J. Muhelnitzky	Lichard Mohlit	Street: 15900 Liver Holls Koli City: WANSAN WI Zip: 54403	Town U Village City TEXAS	12/17/20 <u>11</u> (Month) (Day) (Year)
Joan M. Boers	Joan M. Brew	street: 1315 Sherman St City: Wausau zip: 54401	O Village Wausau	/2-//7/20_/ (Month) (Day) (Year)
heodore-wully, ch	Theodore a relied	Street: 915-97 ARENOTA City: WAUSAU ZID: TOURS)	□ Town □ Village St City W OU 5 (U)	(J /7 /20// (Month) (Day) (Year)
PAMONA A UlRICH	Lamora a Ulrich	Street: 915 N 9 AVE 5445 City: U)AUSAU Zip: 5440)	Town Jw Jw City Wausau	/2//7/20_/ (Month) (Day) (Year)
cai Montre	Saon Mata	street: 905 Hickory ST City: Waysay zip:5403	□ Town □ Village □ City □ Village	LO/17/2011 (Month) (Day) (Year)
Eldon Horton	Chan Horton	street: 12-10 Spring 9+ City: Wansau zip: 94+0-3	□ Town □ Village SeCity Wansau	(2/1/20 <u>1</u> (Month) (Day) (Year)
Melanie Lukens	Melanie M. Lukens	Street: 917 S 10th Avenue	Town Village City WawSau	/2/17/20 <u>//</u> (Month) (Day) (Year)
MARJORIE ThORN	manone Ilon	Street: (001 N 88th ST City: WAVSAU WI Zip: 59403	ECTOWN Uvillage City WAVSAU	12/17/20/16 (Month) (Day) (Year)
LISM Myles	Lux Wils	Street 902 Chicago Ave City: Wallsan WI zip: 54403	□ Town □ Village PCity WWSZU	(Z / 1 7/20/1 (Month) (Day) (Year)
eonard Plamann	Leonard Clawarm	street: 50 J. Maple St. City: Wansau zip: 54401	Town Village W.Cusauv	/1//9/20/ (Month) (Day) (Year)
Jeanette	Certification White cert	of Circulator ify): I reside at 1906 N. 10 th Ave. By	otiz wa	y or usau

(Signature of Circulator) (Day) (Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

4.5 <u>.54</u> .45-	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. TH	IE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	1554-148
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RUR. Rural address must also include b		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
-	Lenette Notz	Lenetle 182	Street: 1332 N3	od ave	Town Uvillage DOCity Wausau	// 2//20// (Month) (Day) (Year)	Email Phone
	Kim Pyse	Van Parke	Street 632 WERL-	e are	O Town O Village Will Wallsah	(Storith) (Day) (Year)	Email Phone
	Jennis Marks	Men	Street: 907 Mansons	To # 8 zip: 54403	Town Village Secity LevalSay	//- 23/20_// (Month) (Day) (Year)	Email Phone
	MARK NOTZ	mark not	Street: 1332 No3 to	2 A we 24 0	O Town O Village City Wax Sau	TI DA 201	Email Phone
	5. Sonder Sinholm	anach not	Street: 473 N.Konvis.		XI Town D Village DENY AND YMAK (M)	// 29/20_// (Month) (Day) (Year)	Email Phone
	6.	Journal of the Control of the Contro	Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
	7.		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
	8.		Street:	Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
	9.		Street:	Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
	10.		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
!		Certification o	of Circulator			· · · · · · · · · · · · · · · · · · ·	
I, _	(Name of Circularsonally circulated this recall petition and personally obta	ator) ined each of the signatures on this paper. I know that the	fy): I reside at (Circulator's Resider the signers are electors of the jurisdiction or displayed to the control of the control	nce - Street name and strict represented by the	officeholder named in this petition. I know t	Municipality) that each person signed	Cir
the	paper with full knowledge of its content on the date indic (Month) / (Day) / 20 (Year)	ated opposite his or her name. I know their respective r	esidences given. I support this recall petition. (Signature of Circulator)	I am aware that falsifyin		.13(3)(a), Wis. Stats. Official Use Only)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALE		ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1. Constance Schmiege	1	Street: 108 Doyk Place	□ Town	12/19/2011	Email
	Schmiege	constante demina	city: Med Lord zip: 54451	XCity Medford	(Month) (Day) (Year)	Phone
	2.	10 . 11.	Street: 4060 Blues: 11 Ave	Town U-Village	12/19/2041	Email
	Mike Wis -	Michael Wis	city: Wausaa zip:54401	City Rib Mountain	(Month) (Day) (Year)	Phone
	3.		Street: 4000 Bluegill AUR	ATown D. L.	12/19/2011	Email
	Yneste wes	Constate Seifis	City: Waysan W Zip: 94401	Uvillage Rib M.L.	(Month) (Day) (Year)	Phone
	4. Dawn	571	Street: 2314 Midway Blud.	□Town	12/19/2011	Email
_	Follendorf		City: Waus 34 zip: 54403	SCity Wausay	(Month) (Day) (Year)	Phone
	5. Brent	212N)	Street: 2314 MIDERTY BLUD	□ Town	12/19/2011	Email
	FINKEL	30 my	City: WAVSAU Zip: 54413	☐ Village Wy SAU ☐ City	(Month) (Day) (Year)	Phone
	6. MARIA	Mar. Marci	Street: M425 Staadt Arc	Town	12/19/20/1	Email
	MASCOLA	rigoria france La	City: Marshfield Zip: 54449	Uvillage MCM, IIAM	(Month) (Day) (Year)	Phone
	7.		Street:	☐ Town	/ /20	Email
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone
_	8.		Street:	☐ Town	/ /20	Email
			City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone
	9.		Street:	□ Town	/ /20	Email
			City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone
	10.		Street:	□Town	/ /20	Email
			City: Zip:	□ Village □ City	/ /20 (Month) (Day) (Year)	Phone
1	William H. Johns	Certification of		- Ch Aha	Assen	

William H Johnson	Certification of Circulator	C. L. Maker
to itting the source	, (comi). Hoste at	CAT OF POLITICAL.
(Name of Circulator)	(Circulator's Residence – Street name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each of	the signatures of this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder n	amed in this petition. I know that each person signed
e paper with full knowledge of its content on the date indicated opposite	e his or her farfe of know their respective residences given a support this recall petition. I am aware that falsifying this certifica	ation is punishable under S.12.13(3)(a), Wis. Stats.
17, 19 (20.1)		1
<u> </u>	(Signature of Circulator)	Page No (Official Use Only)
(Month) (Day) (Year)	(Signature of Circulator)	# 001444

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.								
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING				
1. Melissa Scantlin	Melissa Scantly	street: 1100 5 50th Me #102	Town Uausau	12/17/20 <u>(1</u>	Email			
2.	0 11	Street: 12275,12th Ave.	☐ Town ☐ Village ,	13/17201	Email Phone			
Jeffery M. King	J. My	Cio Waus Cu W I , 210:54401	City Wansam	(Month) (Day) (Year)	Email			
Tami Lundberg	ami Jundle	Street: 1109 Sth 15th Ave	Town Village City Course	13/17/2011 (Month) (Day) (Year)	Phone (
4. Clave Money	Clarie Mener	Street: 711 Stark St City: Wansan W Zip: 5440!	Town Village Wausan	/2//7/20// (Month) (Day) (Year)	Email Phone			
5. SHIPLEY ROSSEN	Shuley Rosen	Street: 415 & Oak 87 City: Edgar WI Zip: 54426	Town Village City City	Month) (Day) (Year)	Email Phone			
6. BETHWILDERST	Beth Wilde Steike	Street: 875 Bristers Hill Rd City: Wansan, WI zip: 54401	Town Village Stetlin	(Z/17/2011_ (Month) (Day) (Year)	Email Phone			
Carrie That	Carrie there	street: 1403 Brown St. City: Wausau, WI zip: 54403	Town Village Wausau	12/1 720 11 (Month) (Day) (Year)	Email Phone			
8. Borbara Grenier	Barbara Grenier	Street: 1320 G rand Ave Apt5ds City: 1, 2025 Aug 15 Tip: 5WU3:	□ Town □ Village □ City Village	12/17/2011 (Month) (Day) (Year)	Email Phone			
o. Carrie Skurzewski	anie Sansuski	street: 5401 Sherman St St. 5440 City: Waysou zip: 54401	Town Village City WellSalu	12/17/2011 (Month) (Day) (Year)	Email Phone			
Tuson Santin	har fulls	Street: 1100 550th Ave #107 City: Wausau zip: 54401	Town Village Wausau	12/17/20// (Month) (Day) (Year)	Email Phone			
Steven (Name of Circu			ve City of Ca	Municipality	U'3 Circula			

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Daisy McClore	Daing Nh Clare	Street: 709 pr63pect ave City: Wausau zip: 54403	Town Village Wallsau	(Month) (Day) (Year)
organet Hess	Margaret Hess	Street: 6706 Decation City: Wallsale zip: 57401	Drown Village May Ne	12 /19/20// (Month) (Day) (Year)
Dana Partier Reax	Danafar	street: 5906 Alex St cits Chofield zip: 54476	Town Westward	12/19/20 <u>[]</u> (Month) (Day) (Year)
lichael R. Goetsch	Michael & Fortes	Street: 702 Norton St City: Wausay zip: 54401	Town Utillage City Wan san	12/19/201 (Month) (Day) (Year)
Lane Hettror	X. Com Halfrer	Street: 430 } N, 313 AV	Drown Uyillage City Wav Sav	12/19/20_11 (Month) (Day) (Year)
dra Juech	Edra Quech	Street: 430 /2 N, 3rd Ave City: Wausay zip: 5440	Town Village City UNIUSAY	12 /19/20 1/ (Month) (Day) (Year)
	U U	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ 20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

			City:	Zip:	□ City	(Month) (Day) (Year)	r none
8.			Street:		□ Town □ Village	/ /20	Email
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
9.			Street:		☐ Town ☐ Village	/ /20	Email
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
10.			Street:		□ Town □ Village	/ /20	Email
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
	3	Cer	ification of Circulator				
I,I personally circulated the paper with full kn	d this recall petition and personal	Circulator) Ily obtained each of the signatures on this par te indicated opposite his or her name. I know	(C er. I know that the signers are electors of	3 22 molile 13	v the officeholder named in this neti	(Orculator Municipality) ition. I know that each person signed	Circula
(Month)	//20		A ()	lunk	r	Page No. (Official Use Only) # 9014.75	E
		*					

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

		the Wisconsin Statutes.				
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
1. Jesse Osborne	June Oshe	Street: 4725 Old Huy 51 City: MOSince WJ Zip: 54455	Town Village MUS: NCC	12/720 <u>1</u> (Month) (Day) (Year)		
2. Joshua Geoffrey	Jah yap	Street: 901 S 16th 5t City: V456 V Zip: 54403	□ Town □ Village City ₩ & USA	12/17/20/ (Month) (Day) (Year)		
3. Andrew Malak	Clanitale	street: 4505 Blackberry Dr aty: Waysay zip: 54401	Town Village Aty Wansay	(Month) (Day) (Year)		
4. Bill Hannie Jr	n An	street: 5105 Linda St. City: Weston Zip: 54476	Town Willage City City City	(Month) (Day) (Year)		
Stacy L. Hannie	Slacy Damuis	street: 5105 Linda St. city: Wl Hon 24p. 1205147	Town Kvillage City Weston	(Month) (Day) (Year)		
Kotie Mottice	Yato Matrice	street: 125 Adrian St city: Wausaui zip: 54401	Town Village Vacity Vacity	12/18/20 <u>1</u> (Month) (Day) (Year)		
Kristin Esimon	WES -	Street: 1921 Carol Drive.	Town Village Wausau	13/18/20 <u>11</u> (Month) (Day) (Year)		
8. Stacy Olson	Ataylese	Street: 609 Frdependence in City: Wansan W1 zip: 54403	Town Village WANSAK	12/18/201 (Month) (Day) (Year)		
"Gerald Ray	Gened Rus	Street: 3206 Kildeer LA City: Wavsav zip: 54401	Town Rib Octy Mountain	12/18/2011 (Month) (Day) (Year)		
10. Holly Moeller	HollMoll	Street: 410 7th St. City: Wansan zip: 54403	Town Village City WAUSAU A	/2//8/20// (Month) (Day) (Year)		
SAMES BOGGS Certification of Circulator (certify): I reside at 1717 You but an ity of ways and						

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
	1. Mitch Vanwagner	Mithy Conveyner	Street: 414 Palm St. City: Pothschild zip: 54474	Town Syvillage Cothschile	(2/16/20(((Month) (Day) (Year)	Email Phone (
	Brian Hardon	BOLL	Street: 1242 S. Old Hay 51 City: MOSince UT zip: 54455	Stown Village City Knowlton	/2/16/20 <u>//</u> (Month) (Day) (Year)	Email Phone		
	RANDY FLOETILICH	Retrochlas	Street: 2201 Northatch Lv. City: WAUSAU Zip: 54401	KTown DVillage City R. b Mountain	/2//20_1/ (Month) (Day) (Year)	Email Phone		
	Kathy Froehlich	Kathy Froetlich	Street: 2201 NUthatch Lane City: Wausau zip: 54401	De City Rib Mountain	Z / 17/20 (Month) (Day) (Year)	Email Phone		
	Julie Davis	Queis Dais	Street: 5404 Zaora St City: Weston 711: 54476	DTown SeVillage Weston	12/17/2011 (Month) (Day) (Year)	Email Phone		
	6. Robyn Dans	Rolen Davi	Street: 1516 N. 15th Ave City: Wausau Zip: 54401	D Town D Village Wausau	12/17/2011 (Month) (Day) (Year)	Email Phone		
	Jody L Glese	Jody L. Li	Street: 904 16 ⁴⁴ St. City: Moslnee Zip: 54455	D'Town D'Village RCity MOSINEE	12/17/2011 (Month) (Day) (Year)	Email Phone		
	8. Michelelbiese	Michellofstine	Street: 904 16an St.	Drown Village Picity Mosince	\\\ \/\\\ \/\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone		
	9. TRUIS Tilton	Jana Silton	Street: 7728 East Jeffeson St. City: Wausan WI zip: 54403	Effown □Village □City Wansau	(Z/17/2011 (Month) (Day) (Year)	Email Phone		
	10. Niwlete Tilton	Muller tie for	27720 = lafferm St	Drown Ovillage WauSau	12/17/20/11 (Month) (Day) (Year)	Email Phone (
	71.65 0	Certification o	of Circulator					

130665 , (certify): I reside at 17/7 Plank (Name of Circulator) (Circulator's Residence - Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats. (Month)

Circulato

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS				
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Josh Lanigan	John In	Street: 12/3 Eunion Due Apt #6	□ Town □ Village BCity WAUSAU	12/19/2011 (Month) (Day) (Year)
nichael WATT	mich relieve	strebit V W. 4th 57 aty: Wayshur W(Zip: 54403	Town Utillage WAUSHA	12 / 1/20 // (Month) (Day) (Year)
JELL Emminger	Velennyer	Street: 732 JACKSON City: WAUSAU Zip: 54403	□ Town □ Village ØCity WYNSPU	12/19/20// (Month) (Day) (Year)
Jessica Le Duc	38	Street: 1102 S19th ave	Town Village Wausan	12/19/20_11 (Month) (Day) (Year)
Rich Schilling	Lich Golullan	Street: 5015 PINC ST. City: Schotield Zip: 54476	Town Village WESTON	J2/19/20_11 (Month) (Day) (Year)
AMMIE WORKMAN-	Trumme Vbe	Street: 523 N 9th AVE City: WMUSAU WI Zip: 54401	Town Village City WAUSAU	12 /19/2011 (Month) (Day) (Year)
asi Skohani	Casi Stephani	street 202 184 Street Apt 15 aty: Rothschild zip: SYLTY	Town Village City 2010 Sch 110	12/19/2011 (Month) (Day) (Year)
Paro/Torresani	Carol Torresani	Street TSC 76 N Troy ST City: Warran 2054403	Town Usulage City Texas	/2/19/20/1 (Month) (Day) (Year)
helsea Yach	Chelse fool	Street: 207 W. Eldred st Apt. #8 City: Wausau 5440 2112 WI	Town Village RCity WavaaV	12/19/2011 (Month) (Day) (Year)
James F Binkowski	Janu Bankeus L	Street: 5510 P.N.L. PARK ST. City: Weston zip: 54476	Drown VIIIASE of City Weston	13/19/2011 (Month) (Day) (Year)
	Certification	of Circulator		
Iliam A. Christen	901 , (cert	tify): I reside at 7886 6 van 7 + He ant 5 (Circulator's Residence – Street name and		Municipality)

(Month)

sidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

(Signature of Circulator)

#_001478

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS VOTING	1
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
	^ _/	Street: 315 Lazyacve Rd	☐ Town ☐ Village	12/19/2011
eannette Goede	Jeanutt Jand	Chy. Wausau zip: 54401	Waysay	(Month) (Day) (Year)
Charisse		Street: 806 1/2 MCClellan	☐ Town ☐ Village	12/19/2011
Spears		City: Wasau Zip: 54403	Xcity Wasau	(Month) (Day) (Year)
7my Saari	moni	street: 2005 Redwing Thood	Town Pib	12/P/2011
11.75	Ong Const	City: Wausau zip: 5440	City Mtn.	(Month) (Day) (Year)
3 - 1 ()	RIVIN	Street: 1808 Roosevelt St	Town Uvillage ACity	(Month) (Par) (Year)
Srandi Grabay	Handr gay	City: Wausqu WI zip: 54403	Dacity Waysay	, = / /
4 M. ()	1 200 -001	Street: 4311 Schoffeld Ave #138	Q Village	2 / 20 L (Month) (Day) (Year)
Byzanne Michalski	Sugame Michelya,	City: Scho Field Zip: 3476	Weston	12/12/ 11
Leslie Peckler	Lesli Peckler	Street: 4311 Schoffeld Avo #138	11 20-01	(Month) (Day) (Year)
- One Techici	Ordinate toot	111111111111111111111111111111111111111	Town	12/19/2011
ZEADUR PATTON	Elisa fatton	Street: 100 4 2014 3 21102 City: UMUS ACI, W1 zip54401	City RIBMOUNTKIN	(Month) (Day) (Year)
i n L		Street: 2407 Marchell 8V	□ Town	12/14/2011
igene J. Bacitza	an Breetenan	City: W susay Zip: 54403	City NAUSAU	(Month) (Day) (Year)
	1 In 3 In a	Street 703 Prosplet AVE	□ Town □ Village () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/19/2011
mantha 53chweide	er Valle (VI)	City: // UU3(14 zip: 54403	Scity WWSall	(Month) (Day) (Year)
	P4075	Street: 124 N. 1STAVE	Town WAY SAV	12/11/2011
tc Frel	10000	City: WAY SAV Zip:	a City	(Month) (Day) (Year)
1 Cl - 1	Certification	of Circulator	D. J. Tames of	Tarac
illiam A. Christes	lator)	ify): I reside at 7886 Granite Height (Circulator's Residence – Street dame and the signers are electors of the jurisdiction or district represented by the	id Number) (Circulator N	4µпісіраніу)

(Signature of Circulator)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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1. Clarence Blaskowski	Clan Black	Street: 1012 NG FG AVE City: (Wausau zip 5440)	Town Village City Waus au	12/19/20_11 (Month) (Day) (Year)	
Eric Raymond	A	street: 675 Ridge Rd #205 City: Mosines Zip: 54455	Stown Village City Knowlton	12/19/20 <u>//</u> (Month) (Day) (Year)	
Judith Blaskowski	Gudith Blaskowshi	Street: 1012 N 6th Ave City: Wausay WI zip: 54401	Town Village CYCity Wausau	12/19/2011 (Month) (Day) (Year)	
Sova Vanos	Solono	street: 622 Forsest St City: Wausa zip: 5443	Town Village City UouSa	1 (Month) (Day) (Year)	
5. You Hong yang	South promotings	Street: 622 Facest St. City: Wan Son 21p: 54463	Town Village Wansaw	12/15/2011 (Month) (Day) (Year)	
Tang Her	X Tang Her	street: 622 Forest St.	Town Village City WanSan	12 /1 /20 <u>11</u> (Month) (Day) (Year)	
7. Phyllis KroENING	Phyll's troenty	Street: STE & Street: STE & Street: 54476 City: 21pt	Drown Willage WESTON City	12/19/20/11 (Month) (Day) (Year)	
8. Jessica Nucci	Jessica Nitecli	street: 914 grand are # 16 cty: waysar zip: 54403	□ Town □ Village Wansau → City	/2/19/20// (Month) (Day) (Year)	
2 Jenniter fritz	44	 	Town Village War Sur	12/19/20 <u>11</u> (Month) (Day) (Year)	
19 Tara	Torgende	Street 902 Kilhusch 51	□ Town □ Village	/2//9/20 (Month) (Day) (Year)	
111212 11 11 1	Certification (of Circulator	<u>.</u>		

100,00	V 1 (1)	سر للحرير ال			J Village	1/ 🗸 / 1/ 2011
landa	7100 6		an Wausau	Zip: 54403 P	City LAC US OC	(Month) (Day) (Year)
			I an Maria	Zip: 39700	wu su b	
		Certification			<u> </u>	
I. William A.	Christinson	, (cert	ify): I reside at 1886 61	ranite Heights K	Road Town of	Texas
	(Name of Circulator)		(Čirculator's	Residence - Street name and Ni	umber) (Circulator	Municipality)
I personally circulated this recall petitio						
the paper with full knowledge of its con	tent on the date indicated opposite hi	s or her name. I know their respective	residences given I support this recall	petition. I am aware that falsifying t	this certification is punishable under S.1:	2.13(3)(a), Wis. Stats.
12 / 19	/20 //	William	U. Christen	do-	Page No.	(Official Use Only)
(Month) (Day)	(Year)		(Signature of Circulator)		#_00	1480
					i	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
TEVEN DESOTELLE	Steven Sevotelle	Street: 5402 LINDIA ST. City: WESTON Zip: 54476	Town Willage City WESTON	12/19/2011 (Month) (Day) (Year)
Paul Smith	Paul Daniel	Street: 8005 Kostuch Lane City: Ukston, Wi. zip: 54476	Town Willage Weston	12/19/2011 (Month) (Day) (Year)
ATRICIA MARQUA	RDT Patricia Magus	1602 200CT	Town Uvillage Recity WA USAU	12/19/20// (Month) (Day) (Year)
AL Kaiser	al Kaiser	street: 1019 Parcher ST City: Waysay zip: 54403	Town Village Wassau	(Month) (Day) (Year)
buid A Gely	and A Lil	Street: 1823 Spring City: Schofield zip: 54474	Town Village Schofield	12 /19/20 // (Month) (Day) (Year)
Cara Reed	Caro Rad	street: 111 Steeple Rd City: Mosince zip: 54455	Town Bergen City	/ 7 /19/20_// (Month) (Day) (Year)
Made Noss 52	Muly non 20	Street: 318 Sharman 50 +3	Town Village City City City	
RAYMOND DELEON	Kagmand Debrou	Street: 550 2 GORDON STREET City: WESTON Zip: 54476	□ Town □ Town □ City □ City	12/14/2011 (Month) (Day) (Year)
Bandy Stahmer	Randy Stahmer	Street: 2411 Midway Blud City: Nausau zip: 54403	Town Uyage City NA05a0	12/19/2011 (Month) (Day) (Year)
	U	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
Iliam A. Christer	Certification	of Circulator ify): I reside at 7884 Graniff Heigh		1 —

DESOTELLE	such see a	City: WESTON Zip: 54476	City WESTON	(Month) (Day) (Year)
Paul Smith (Paul Daniel	Street: 8005 Kostich Lane	Town Willage Weston	12/19/2011 (Month) (Day) (Year)
PATRICIA MARQUAN	COT Patricia Marque	Street: 1907 3RDST.	Town Uvillage WAUSAU	/2//9/20//_ (Month) (Day) (Year)
AL Kaiser	al Kaser	street: 1019 Parcher ST City: Waysay Zip: 5443	Town Village Warsal	(Month) (Day) (Year)
David A Gehl	and A Lul	street: 1823 Spring City: Schofield Zip: 54474	Town O Village SChofield	12 /19/20 // (Month) (Day) (Year)
Cara Reed	Como Read	street: 111 Steeple Rd City: Mosince zip: 54455	Town Bergen	/ 7 /19/20_// (Month) (Day) (Year)
Mark Moss 52	Muly Mars Qa	Street: 318 Sherman 50 *3 City: Wausa u 5442p	Town Usuliage City Usuliage	(Month) (Day) (Year)
RAYMOND DELEON	Kagmond Debrou	Street: 550 2 GARDON STREET City: WESTON Zip: 54476	□ Town R Village WESTON □ City	12/14/20_11 (Month) (Day) (Year)
Randy Stahmer	Randy Stahmen	Street: 2411 Midway Blud City: [Nausay zip: 54403	Town Uyage City Na05a0	\2/19/20_H (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) / 20
	Certification (of Circulator		1
illiam A. Christer (Name of Circu	Month (certification)	ify): I reside at <u>1884 Graniff</u> Height (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator)	Municipality)
r with full knowledge of its content on the date indi	icated opposite his or her name. I know their respective:	residences given. Lupport this recall petition. I am aware that falsify	ing this certification is punishable under S.12	13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
Tim BRADLEY	Buy	Street: 5203 SUNSET ST City: WESTON WF Zip: 5447	16 City WESTON	/2/19/201 (Month) (Day) (Year)
Tim Bradley	De Warren	street: 143 Ross Ave City: Wausay W1 zip: 5440	13 City Wausau	12/19/201 (Month) (Day) (Year)
Anthony Reed	anthon D)	Street: 111 5+z=pl= Rd. City: MO5: N== Zip: 544	Town Uillage	12 / 19 20 1 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	(Month) (Day) / 20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) / 20_
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
	:	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_(Month) (Day) (Year)
Iilliam A. Chris	stenson (c	on of Circulator certify): I reside at 7886 GWWite Her (Circulator's Residence - Street na	ghts lead Town of	1 Texas Municipality)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING F	PURPOSES, WHEN DIFFERENT THAN MUNICIPA	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Joshua J. Edland	In little	Street: 940 S. 5th Ave	□ Town □ Yillage	12/19/2011
		city: Wonsaly Zip: \$554401	City Wausau	(Month) (Day) (Year)
Maineen MAUREEN HAUTTINGER	Hautinger	- Street: 575 BLAKE	□ Town □ Village	12/19/20/1
Hautzunger	Manuer 15	City: MOSINEE Zip: 54485	MOSINEE MOSINEE	(Month) (Day) (Year)
, , , , , , , , , , , , , , , , , , , ,	Doulene Caca	street: 115 Nimayee.	□ Town □ Village	12/19/2011
DARLENE JAEGE	e hour /	City: Wars on Zip: 54403	ocity Walson	(Month) (Day) (Year)
Edward W. Magrecke	00 012Male	Street: 7108 ZIMMERMAN St	Town Village Wause	12/19/2015
Magrecke	Edax W. I Mayor	City: Wansan 54/03 Wi	Mity Wausele	(Month) (Day) (Year)
INTRAIS G	111	Street: 1305 WASHINGTON ST	□ Town □ Village	12/19/2011
SEVERSON	my	City: WANGE WT Zip: 54463	*City WAUSAU	(Month) (Day) (Year)
Oraid	1, 19.	STROET TILT) Granita 475 R	☐ Town ☐ Village ☐ City	17/19/2011
Fdelburg	Devid Welley	A City: 20 0 5 0 1 Zip: 54467	& City Ways a	(Month) (Day) (Year)
Viki,	Nh: 1 1	Street: 1312 E. Bridge ST	Town Village City Walls a.W.	12/14/20_11
Andringa	Juke undunga	City: Waysay Styr. W	VCity Wausau	(Month) (Day) (Year)
B	0	Street:	☐ Town ☐ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)
9.		Street:	□ Town □ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)
10.		Street:	□ Town	/ /20
		City: Zip:	☐ Village☐ City	(Month) (Day) (Year)
Tool D Ans	Jocem	of Circulator	Mans	au 544
(Name of Circule	ator)	ertify): I reside at(Circulator's Residence - Street name at at the signers are electors of the jurisdiction or district represented by the		Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her mane. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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THE MUNICIPALITY US	ED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
mayb Leith	street: 1007 Kickbush St	☐ Town ☐ Village ☐ City	// // // 20 // (Month) (Day) (Year)	Phoi
Britary Leith Rudy 1826	street: 415 Lotus St. Apl. City: MOSINOO. 21p: 54455	Town Village City (Municipality Name)		Pho
Hat: Kody Kern	street: 415 Lotres St Apt. 6 Chy: Mosinee 21:54455	Town Village Cyclity Manicipality Name)	11/17/20 11 (Month) (Day) (Year)	Pho (
Sandra Leith	street: 1007 Kirckbusch ST Styy03 City: WAUSAU, Zip: Wi.	Town Village City WAUSAU (Municipality Name)	11 12 20 _ 11 (Month) (Day) (Year)	Pho
rint:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Pho
eller 'Notto"	Certification of Circulator Pertify): I reside at (Circulator's Residence - Street Name and Nu			Circula Please inc

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			Atti tun Knowledge of his confiction on the date indicated opposite his of his	i mattic. I know them respective residences promi a support t
all petition. I am aw	are that falsifying this	certification is punis	shable under S.12,13(3)(4). Wis. Stats.	
10	10	11		Page No. (Official Use Only)
121	11	/ 20 \\	-ellen i Morlan	Page No. (Official Use Only) #
(Month)	(Day)	(Year)	(Signature of Circulator)	#

Return Commi

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
THE MUNICIPALITY (ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madiso	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Print Lyle Leith Sign: Tyle Teeth	street: 1007 KIELBUSH ST.	□ Town □ Village □ City (Municipality Name)	1 (// / 20 // (Month) (Day) (Year)	Phone (
Print: Bytany eth	street: 415 LOTUS ST APT 6 CHY MOSMEL 21, 54455	Town	1) / #20 <u>1</u> (Month) (Day) (Year)	Phone (
3. Print: Kody Kern Sign: L	Street: 4/5 Lotus St. Apt 6 City Mosinee 21p: 54455	Town Village OCity (Municipality Name)	///7/20 11 (Month) (Day) (Year)	Phone (
4. Print: SANDA LEITH Sign: Sondur Lett	street: 1007 Kickbusch ST	□ Town □ Village □ City WALUSA (Municipality Name)	// /7 /20 <u>//</u> (Month) (Day) (Year)	Phone (
5. Print:	Street: City: Zip:	☐ Town ☐ Vitlage ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
I, ellen No-ton (Printed Warme of Circulator)	(certify): I reside at Certification of Circulator (Circulator's Residence - Street Name and Nu			Circulator Please include	

ellen	Motor (certif	fy): I reside at 100 7 Mich busch 5-1	Wausau
(Printed 1	vame of Circulator)	(Circulator's Residence - Street Name and Num	nber) (Circulator Municipality)
amed in this petition. I know	that each person signed the paper	d each of the signatures on this paper. I know that the signers are electors with full knowledge of its content on the date indicated opposite his or he ishable under S.12.13(3)(a), Wis. Stats. (Signature of Circhiator)	s of the jurisdiction or district represented by the officeholder er name. I know their respective residences given. I support this Page No. (Official Use Only) #

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
imberly Moitenson	Jimbel Molina	Street: 402 George Street City: Prothschild zip: WI SYYPY	Town Affishile	Z /) /20_\] (Month) (Day) (Year)
havid Adis	16926	Street: 1005 - Meadew Cik City: Waasan ST Zip: 54401	U Town U Village City WANSAU	/2///20 <u>11</u> (Month) (Day) (Year)
RICHARD CLARKSON	Richard Clarkson	Street: 780 St GIBSON City: MEDFORD Zip: 504451	O Town O Village City MEJFORD	/2 /19/20
DAWN BECKE	R Dawn Bocken	Street: 939 HIGH ST 208 CHYRIB LAKE 24970	Drown Willage ResCARE	12 /19/2011 (Month) (Day) (Year)
Terry Voltz	Juny Vott	Street: N 115 Highway Lane City: Rib Lake Zip: 54470	Town Village Spirit	12 /19/2011 (Month) (Day) (Year)
KarenVoitz	Kaun Voltz	Street: NIIE Highway Lane City: Riblage Zip: 54470	NTOWN Spirst	12/ A 20_1/ (Month) (Day) (Year)
LisaHoln	Freedom	Street N3209 Pernington Record rentice 2154556	Village Ozema	(2) 10/20 H (Month) (Day) (Year)
Sail kestler	Yail Kestler	Street: N8374 River Dr	From Med Fords	Q /19/20_11 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Z/p:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures of his paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name/I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.	J 01	Street: 1309 South Road	▼ Town ☐ Village	12/1/2011
Tony Bielew	Jony Bula	city: Mosiwee zip: 54455	City Knowlton	(Month) (Day) (Year)
u.		Street: 905 10th ST.	☐ Town ☐ Village	12/1/2011
KARENOR MALLAK	Kin R. nallol	Chy: Mosinee, WI zip: 54455	SKCity MOSINER	(Month) (Day) (Year)
3.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Street: 205 and St	☐ Town	12/1/20/1
Ken Iczkowski	Kenpela Kaiskin	City: MOSINEE Zip: 54455	SKCity MOSINEE	(Month) (Day) (Year)
4.	JA 9 01	Street: 24/4 Ithaca Rd,	□ Town □ Village	12/1/2011
Steven lamere	Al James	city: Mosinee zip: 54455) — ~:	(Month) (Day) (Year)
5.		Street: 863 5 14 mg y	I XTown □ Village	12/4/2011
Kandy Omernik	Thank Omerent	City: HaThey Zip: 54140		(Month) (Day) (Year)
5. /	1/12	Street: 1629 LAKE DR	Town Village	12/5/20//
VAL HINTZ	Val (by)	City: ROSHOLT W1 Zip: 54473		(Month) (Day) (Year)
7.		Street: 303 Franzal St	□ Town	12/5/2011
Mike Sulter	Mire Salze	City: Waushu WS 2119: 54403	PCity WaySay	(Month) (Day) (Year)
3. (\$ 10th	Street: 785 PAGE RD	Town RED	12/5/2011
DON WANTA	Don Work	CITY HATLEY WI Zip: 54440	□ City	(Month) (Day) (Year)
9.		Street: 417 LOTUS ST APT 19	☐ Town ☐ Village	12/6/2011
BON PECHA	Vor aly	city: MOSINCE WIS Zip: 54455	Decity MOSINCE	(Month) (Day) (Year)
10.		Street:	□ Town □ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
0-1	Certification of	of Circulator		
Rick Smith	(corti	ify): Treside at # 1503 Plaza K	Village of	Karan Baran

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	PON PECHA	Rolar	Street: 417 LOTUS ST	APT 19 zip: 54455	Town Uvillage DYCity MOSINCE	12/6/2011 (Month) (Day) (Year)	Email
	10.		Street:		☐ Town	/ /20	Email
Ĺ			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone
I, I pers	(Name of Circustonally circulated this recall petition and personally observe with full knowledge of its content on the date indi	., (ce ulator) tained each of the signatures on this paper. I know tha	at the signers are electors of the jurisdiction of	idence — Street name an or district represented by the	ed Number) (Circulator M e officeholder named in this petition. I know the	at each person signed	- H _{rci}
_	12 / 19 /20// (Month) (Day) / (Year)	_ kiel	(Signature of Circulator)		Page No. (Of	,	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

. [THE MUNICIPALITY USED FOR MAILING		ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	WOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) DATE OF SIGNING	3
	1. Richard Rozella	Richard Rozelle	street: 1901 Redwing R1 city: Waysay zip: 54401	Town 12/5/204 City Rib mountain (Month) (Day) (Year)	Email Phone 75 Email
	Richard Rozella 2. IMIKe Manley	milimanly	Street: 1059 Mondroski Cn City: 1770SINEE Zip: S4455	Town	Phone
	3.	/	Street: City: Zip:	☐ Town / 20 City (Month) (Day) (Year)	Email Phone
	4.		Street: City: Zip:	Town / 20 City (Month) (Day) (Year)	Email Phone
	5.		Street: City: Zip:	☐ Town / 20 City (Month) (Day) (Year)	Email Phone
	6.	·	Street: City: Zip:	☐ Town //20 City (Month) (Day) (Year)	Email Phone
	7.		Street: City: Zip:	☐ Town / 20 (Month) (Day) (Year)	Email Phone
	8.		Street:	□ Town / 20 City (Month) (Day) (Year)	Email Phone
	9.		City: Zip: Street:	□ Town □ Village □ City Month) (Day) (Year)	Email Phone
	10.		City: Zip: Street:	☐ Town / 20	Email Phone
I,	Rick 5 Mills (Name of Circus sonally circulated this recall petition and personally obtainer with full knowledge of its content on the date indicates and the sonal sona	lator) ained each of the signatures on this paper. I know that	ify): I reside at 1503 Plaza Rd (Circulator's Residence – Street name ar the signers are electors of the jurisdiction or district represented by th	Village of Kronenwe	The Cir.

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jennifer Mai	Jennifer Mai	Street: 2651 Meadowlank in City: Mosince Wel 21p: 54455	DTown Village Kronenwetter City	11 /32/20/1 (Month) (Day) (Year)
	<u>:</u>	Street:	☐ Town ☐ Village ☐ City	/ /20
<u> </u>		City: Zip:	□ Town	(Month) (Day) (Year)
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip:	☐ Town	(Month) (Day) (Year)
		City: Zip:	□ Village □ City	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20
		Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip:	□ Town	(Month) (Day) (Year)
		City: Zip:	☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)

	"		Street:		☐ Town ☐ Village	/_/20	Email
			City:	Zip:	□ City	(Month) (Day) (Year)	Phone
**	-8.		Street:		☐ Town ☐ Village	/ /20	Email
	9.		City:	Zip:	□ City	(Month) (Day) (Year)	Phone
	9.		Street:		☐ Town	/ /20	Email
	10.		City:	Zip:	☐ City	(Month) (Day) (Year)	Phone
	10.		Street:		☐ Town	/ /20	Email
		<u> </u>	City:	Zip:	☐ City	(Month) (Day) (Year)	Phone
I, _ I pe	Rick 5m, 1/h (Name of Circul ersonally circulated this recall petition and personally obte paper with full knowledge of its content on the date indice	tator)	fy): I reside at 1503 (Circulator	's Residence – Street name o	6h - 60 - 1 - 1 d		e Thecir
	12 / 9 /20// (Year)	Ried	(Signature of Circulator)	in perition. I am aware that faisi		13(3)(a), Wis. Stats.	
	•					1489	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Robert Love JR	Robert A Love Je	Street: 1243 SUNSET DRIVE City: WAUSAU WI 210: 54401	Town Utilage SCity WAUSAU	/2/7/20 <u>//</u> (Month) (Day) (Year)
henbedabel	Shinted feel	Street: 11/2 Hayesta pre City: Wanscree for 84403	☐ Town ☐ Village (/2/19/201 (Month) (Day) (Year)
Ken Gadur	Mw M	Street: 4082 Prospect City: Wange Zip: 54463	Town Village Way Sur	12 /19 /201/ (Month) (Day) (Year)
Layley Gutowski C	Hayley 54	street: 217 Aspen Grove Cane city: Wangan, zip: 94403	Town U Village City Ways an	12/19/20_1 (Month) (Day) (Year)
Kelly Remandin	felly feirording	Street: 310 5th 51 City: MUSTIVER Zip: 54455	Town Syllage MUTINEE	2/19/20 <u>1</u> (Month) (Day) (Year)
Aaron Kottla	00	street: 1711 Fairmount St. City: Wausau, W1 zip: 54403	Town Utillage City Wausau	/2/ / 20 <u>//</u> (Month) (Day) (Year)
Sharina Katke	Mayon Ol	Street: 1711 Fairmount St Chy: Waysay Wy 59403	□ Town □ Yillage City ULUGU U	12/19/20 <u>//</u> (Month) (Day) (Year)
Bankon Blackwell	Bo Blocky	street: 1511 Stork Street City: Wavav Zip: 5440}	□ Town □ Village ACity Wa∪Seu	12/19/2011 (Month) (Day) (Year)
Orden Blackwell	Docum Blace Ill	street: 1511 Steinst City: Warson zip: 94403	□ Town □ Village Sal City \(\times \cute{\cie\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute{\cute\cute{\cute{\cute{\cute{\cute{\cutee{\cute{\cute{\cute{\cute{\cute{\	12 /19/2011 (Month) (Day) (Year)
breamadvorak	Bullnadurok	street 220 Grand NE city: Waysay W zip: 54403	Town Village City WALL TOWN TOW	12/19/201 (Month) (Day) (Year)

	July 1 de la companya del Companya del Companya de la Companya de				
Hyley Gutowski	Hayley 54	Street: 217 Aspen Grove Cane City: Dangan. Zip: 94403	Town Uvillage ACity Maysan	12/1 \$\frac{1}{20} \frac{\text{\$\text{Month}}}{\text{(Month) (Day)} \text{(Year)}}	Email
5. Kelly Remonain 4	(a D) LD (realist)	Street: 310 5th 51 City: MSTHER ZID: 54455	Town Utilinge Decity Motivee	/2/201/ (Month) (Day) (Year)	Email
6. Aaron Kottla	00	Street: 1711 Fairmount St. City: Waysau, W1 zip: 54403	Town Village City Ausau	/2/ / 20 <u>//</u> (Month) (Day) (Year).	Email Phone
7. Channa Kattle	M 61	Street: 1711 Farmount st City: Waysay Wy 39403	□ Town □ Village City UUUGU	12/19/20 <u>11</u> (Month) (Day) (Year)	Emai
Brinion Blackmell 1	2 Blatin	Street: 1511 Stork Street City: WauSuv zip: 5440}	Town Village WauSeu	12/19/2011 (Month) (Day) (Year)	Emai Phone
9. Jorden Blackwell	7 .1 .11	street: 1511 Steikust City: Warsiau zip: 34403	□ Town □ Village □ City □ CV (USQ()	12 /19/2011 (Month) (Day) (Year)	Emai Phone
breamadvorak 9.	3ulna Ourox	street 220 Grand AVE city: Waysay W zip: 54403	Town Willage Waw Cour	12/19/2044 (Month) (Day) (Year)	Emai
(Name of Circulator)		f Circulator y): I reside at 10)5 Broadway (Orbulator's Residence - Street name an	Ave. Waus d Number) (Circulator	Municipality)	Ci
personally circulated this recall petition and personally obtained elepaper with full knowledge of its content on the date indicated of (Month) / (Day) / 20 // (Year)	each of the signatures on this paper. I know that the opposite his or her name. Herew their respective re	e signers are electors of the jurisdiction or district represented by the estiences given. I support this recall petition. I am aware that falsify (Signature of Circulator)	ing this certification is punishable under S.12	that each person signed 2.13(3)(a), Wis. Stats. Official Use Only)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Via XIOXA	dia A	Street: 66/Maple St City: Walsall Zip: 6440	O Town Wallage Wallage Wallage	2/ 9/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
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		City: Zip: Street: City: Zip:	□ Town □ Village □ City	/ /20

			City:	Zip:	ITY (Month) (Day) (Year)
		Certificatio	on of Circulator		
1 homas	+ McCornick	<u> </u>	certify): I reside at	Broadway Ave	<u>. Ubusau</u>
associally giroulated this11	(Name of Circulator)			's Residence – Street hame and Num	ber) (Circulator Municipality)
paper with full knowledge of	its content on the date indicated opposite his or	her name. I know their respec	tive residences given. I apport this rec	nction or district represented by the officer all petition. I am aware that falsifying this	nolder named in this petition. I know that each person signed certification is punishable under S.12.13(3)(a), Wis. Stats.
12,19	1 /20 U	1 - W			Page No. (Official Use Only)
(Month) (D	Day) (Year)		(Signature of Circulator)		# 401291

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

ce pursuant to Article XIII, Section 12 of	the Wisconsin Constitution and S.9.10 of	the Wisconsin Statutes.		<u>-</u>
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NCIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
i. 	Q. 00	Street: 2008 Cedar Cr. Dr.	□ Town	11/17/2011
George Adams) sora da da	city: Rothschild zip: 54474	City Rothschild	(Month) (Day) (Year)
·		Street: 1010 Pintail LN.	☐ Town ☐ Village	11/28/20/1
Diane Hyneson	Man Clove	city: Wansan zip: 54401	City Rik Mountain	(Month) (Day) (Year)
	00	Street: 1416 Wosdland Rel	☐ Town ☐ Village	11/2/2011
LunLivingston	for distant stans	city: Warsur zip:54403	PCity Warsh	(Month) (Day) (Year)
		Street: 3808 TODGZ Dave	□ Town □ Village	11/22/2011
Butsy Stangel	Spiceel	City: しってい zip57701	RCity Woodsta	(Month) (Day) (Year)
		Street: 814 Hamilton	☐ Town ☐ Village	11 13/2011
Koxann Loroms 19	Boxan Jumsh.	City: Waysan zip:54403	Deity Wousan	(Month) (Day) (Year)
# 2 V	1/7/	Street: 814 HAMILTON SL.	☐ Town ☐ Village	11/22/20_11
KEN LOROMSKI	la som	city: WAUSAU zip: 54403	XCity WAUSAU	(Month) (Day) (Year)
	71/1/1/	Street: 306 E 1/0+ 54	TPM	11/22/2011
Michael Krohn	MILL	city: Schofield zip: 54476	Scity Scholied	(Month) (Day) (Year)
D Miv	R M NI	Street: 2609 Gilbert St.	Trown Way Sau	11/22/2011
Menee Malah	genee//afar	City: Waysare zip: 54403	□ City City	(Month) (Day) (Year)
. Ic to	1011	Street: 2609 (9:1 hert ST	Town	11 /27/2011
Kevin Malak	It Mark	city: Wausgu zip: 54403	City Wausau	(Month) (Day) (Year)
0.) .//	street: 1510 Gleninood Rd.	Town Village	1) /242011
DAVID COENEN	mud Carren	City: WAUGAU Zip: 54403	City WelsTW	(Month) (Day) (Year)
- Pag (V	Certification	of Circulator	. ^	
TransMcCornicK		ify): I reside at 1015 Broadury A	ve. Wausal	·
<i>Name of Circul</i>) ally circulated this recall petition and personally obta		(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator M officeholder named in this petition. I know th	funicipality)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town City, or Village)	DATE OF SIGNING
KarnClask	Karllack.	Street: 1000 Parrot Ln City: Wavsaw zip: 1544	Village Rib HT	11/24/2011 (Month) (Day) (Year)
David Blaskowski	Dan Blas bush	Street: R20585 Bamb. Dr. City: Ringle Zip: 54471	Town	11/2/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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).		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
10.		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Thomas P McCorrection (Name of Circulated this recall petition and personally obta	nick (cer	rtify): I reside at (Circulator) Residence - Street name	(Circulator) (Circulator	29 V Municipality)

(Day)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Robertdennings	RHEES	Street: 1009 Schmer ST City: Waysas WZ zip: 54403	Town Village Waysas	// 24/2011 (Month) (Day) (Year)
And Farray	al 2	Street: DN Sunner St City: Scho frelal Wi zip: 54476	Town Village Pacity Shefield	M/ \$\frac{7}{20} W (Month) (Day) (Year)
Cory Laska	Comffin	Street: 1307 west themas City: Lixuisin zip: 540	Down Village City Walksum	// 35/20// (Month) (Day) (Year)
Kazara Aldhandavone	Kum Chere	Street: 249Windfree Drive City: Waysay W zip: 54481	Town Village WallSale	11 /25/20 (Month) (Day) (Year)
Ball Shields	beth Sharele	Street: 607 5 56 Th Ave City: Wavgav zip: 54401	Drown Jausav Brity Jausav	((/) \$\frac{1}{2011} (Month) (Day) (Year)
JOAN Crocky	Joan Cordy	Street: 57Le NINA AUC City: WARS ALL Zip: 54403	Town Village Village Village	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)

9.		□ Town	/ / Er
	Street:	□ Village □ City	/ / 20 Ph
	City: Zip:		(Month) (Day) (Teat)
10.	1	□ Town	, , Er
	Street:	☐ Town ☐ Village	/ /20
	-	City	(Marsh) (Pa) Ph
	City: Zip:	_ = 0.07	(Month) (Day) (Year)
Certification of	of Circulator	0 0 1	
, DARBARA J. DEN Fe IN , (certif	fy): I reside at T900 WISC DNS/1	wkwazkd Wans	IAN WI54403
(Name of Circulator)	(Circulator's Residence - Stre	eet name and Number) (Circ	culator Municipality)
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the	he signers are electors of the invisdiction or district repre	sented by the officeholder named in this natition	I know that each person signed
he paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective re	residences given. I support this recall petition. I am awar	e that falsifying this certification is punishable un	der S.12.13(3)(a), Wis. Stats.
11 125 120 11 Barbara Jales	a beld	r	,,
	Signature of Circulator)	Pag	e No. (Official Use Only)
(Month) (Day) (Year)	Asignment of Chediator)	#	_UUI494
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
lisa sovem	slin c	Street: 605 South 5th AVE	□ Town □ Village □ City	12/19/2011 (Month) (Day) (Year)
2 0	Wa Sorem	Street: 605 5. 544 Ave.	□ Town	12/19/20_1/
Ben Sorem	Be In	City: Warsan, WI. Zip: 54401	A City Wasav	(Month) (Day) (Year)
internal AA CON	article as a mant	street: 1314 Cedar St	☐ Town ☐ Village	17/19/20 <u>K</u>
report Mai ting	Michael Marke	Street: 31.02 Sand Cor.	Town	(Wonth) (Day) (Year)
Judith Decortise	- Jederhand	City: Wester W; Zipsyy76	City Wesh	12/6/2U (Month) (Day) (Year)
Laura Straub	Land Standle	Street: 305 Bay Park H.	Town Willage Rib Mountain	12/19/20/1
	y said golden	Street: 1666 X	Town	(Month) (Day) (Year)
PS WANG HA ifi'S	geg Windsall	City: WAL Zip: 54'CO	Uvillage City	(Month) (Day) (Year)
CHEE LEE		suday Posecrans st	□ Town	12/19/2011
JIEE LEE	Chee hee	city Wangay Wiff4401	*City Clauseu	(Month) (Day) (Year)
aren Kont	A Dun Koth	Street: 322 E. KING KD. City: TO Mahawk zip: N	Town Single R	/ /20 (Month) (Day) (Year)
		Street:	☐ Town	/ /20
		City: Zip:	☐ City ¯	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)
tenson J. Deva	A	City: Zip:	wall Town dTes	

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	the Wisconsin Constitution and S.9.10 of the Grupposes, when different than municipality of the constitution and t	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
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HASSAN ALMOOSA WI	Har l	street: 1/03 3Rd St. Apt #2	□ Town □ Village ☑ City □ City □ City	12/5/20 (Month) (Day) (Year)	
Pee r. Mar	Followske	city: WAUSAU Zip: 344905 street: 612 Paychey St. city: Wausau Zip: 54463	Town	12/15/20_11 (Month) (Day) (Year)	
3. Racquel Evicken	lacque vier	Street: 828 N#4 8 4 AUC City: WAUSAU WI Zip: 54401	Town Village City NaUSau	(Month) (Day) (Year)	
4. JAMES O NOWS	Maria	Street: 2206 Roward Blod.	Town Sillage City Luiscul	(2/15/2011 (Month) (Day) (Year)	
5. 1040 FRANDE	Hoyo & rande	Street: 1704 ORIOLE LANE City: Way aw zip: 54401	Town City Po Mul no	(Month) (Day) (Year)	
6. Eleen Grand	e Elen Grande	Street: 1704 Oricle Lane City: Wassau zip: 54401	Town Rib Mountain Winge Alau Saute	/2/15/20// (Month) (Day) (Year)	
1. YANGHER	Buffer	Street: 714 win fon 54403 City: Wausull zip: 54403	Town Usillage Wall Sall	/21/5/20_// (Month) (Day) (Year)	
8. Dewell Clay	Q1	Street: 59 96 Birch Wood	Doity Wausau	12/15/20// (Month) (Day) (Year)	
9	<u> </u>	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	
sonany enculated this recall pention and personany obt	Certification of Circulator Ginny L. Pedeusen (Name of Circulator) (Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) onally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed uper with full knowledge of its content on the date indicated opposite his or here are a lectors of the jurisdiction. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.				
(Month) (Day) /20 / (Year)	1 Simust	(Signature of Circulator)	Page No. 10		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Dennis W Mueller	Deuris W. Mueller	street: 1908 Kimberly Rd: City: Knonenwetter zip: 54455	Town Village City Rumanwetter	12/1/20 4 / (Month) (Day) (Year)	
TIM WESTERGARD.	I Willed	Street: 1915 KIMBERLY RD. City: KRONENWETTER Zip: 54455	Town DM Village City Kronenwater	/2//20// (Month) (Day) (Year)	
3. Cassandra Christiansen	Casparda Chatan	Street: 926 S. 1st Ave City: Waysay WI zip: 54401	Town M Village VICity Wavsaw	(Month) (Day) (Year)	
Dee RSchlei	Mr.	street: 1920 Kimberly Rd City: Mosinee W/ zip: 54455	Town Willage City Knowe swetter	2 /17/20_11 (Month) (Day) (Year)	
5.		Street: City: Zip:	□ Town □ Village □ City	/_/20	
6.		Street: City: Zip:	□ Town □ Village □ City	/_/20	
7.		Street: City: Zip:	□ Town □ Village □ City	//20	
8.		Street: City: Zip:	□ Town □□-Village □□ City	/20	
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	
10.	•	Street: City: Zip:	☐ Town ☐ Village ☐ City	/	
Daving W. Muellen Certification of Circulator Certification of Circulator					

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

 $\frac{(2)}{\text{(Month)}} / \frac{(7)}{\text{(Day)}} / \frac{20 \, \text{(Year)}}{\text{(Year)}}$

(Signature of Circulator)

Page No. (Official Use Only)

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C	office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
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	1. Harris	1	Street: W2288 State HWV. 64	Town	12 /2011	Email
	Jennier C. Harris	Jennifer L. fre	city: Medfood 23p: 54451	Ocity Goodiich	(Month) (Day) (Year)	Phone
	2.		Street:	☐ Town	/ /20	Email
			City: Zip:	☐ City	(Month) (Day) (Year)	Phone
	3.		Street:	□ Town	/ /20	Email
			City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone
	4.		Street:	□ Town	/ /20	Email
			City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone
	5.		Street:	☐ Town	1 /20	Email
			City: Zip:	□ Village □ City	(Month) (Day) (Year)	Phone
	6.		Street:	☐ Town	1 /20	Email
				□ Village □ City	(Month) (Day) (Year)	Phone
araba a manaha a ma	7.		City: Zip:	☐ Town	1 /20	Email
			City: Zip:	□ Village □ City	(Month) (Day) (Year)	Phone
	8.			☐ Town	1 /20	Email
			Street:	☐ Village ☐ City	/ 20	Phone
	9.		City: Zip:	☐ Town	1 /20	Email
and the second			Street:	□ Village □ City	//20 (Month) (Day) (Year)	Phone
	10.		City: Zip:	☐ Town	1 /20	Email
			Street:	□ Village □ City	(Month) (Day) (Year)	Phone
		Certification	City: Zip: n of Circulator	<u> </u>		
I. Margot Johes (certify): I reside at 151 Eisenbowet Dr (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.						Circ
	12 1 06 120 //	1 2	Marget Jones (Signature of Girculator)	Page No. (Official Use Only)	.
	(Month) (Day) (Year)		(O. Commission of Commission)	# O-A		

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Amy Gorski	Shuborsti	street: 143 Palacest city: Hatley WF zip: SH44C	Town	12/5/2012 (Month) (Day) (Year)	Email Phone
7/m Meyen	25 Meg	Street: 143 PALACEST CityHATIEY W; Zip: 54440	Town Village	(Month) (Day) (Year)	Phone (
RICHARD PAHL	Pat Ja	Street: T1352 CO HWY WW City: WAUSAU WF Zip: 54403	Town Uvillage City WAUSAV	12/5/20// (Month) (Day) (Year)	Phone (Email
PATRICK STEFFECK	lf ITM	Street: 211 N 11TH AV City: WANSAY WI Zip: 54401	Town Uvillage City WAUSAY	/2/5/20// (Month) (Day) (Year)	Phone (Email
JOHN PURULL JR.	John S. Fund Xr.	Street: 2911 JELINEK AUE City: WESTON Zip: 54476	Town Village City WESTON	12/5/20 <u>1/</u> (Month) (Day) (Year)	Phone (Email
FRANK VANDERWARL	Tamb Planda (s)	Street: 583 CHERRY ST City: MOSINEE Ztp.54455	U Town U Village OCity OSINGE	(Month) (Day) (Year)	Phone (Email
Scott Kohn	Scutt Kal	Street: 1214 Mosinee Ale Apt 5 City: Mosinee Zip: 54455	Urown Uvillage ByCity Mosine	12/3/20 <u>//</u> (Month) (Day) (Year)	Phone (Email
8. Otto Johnson JR	Otto Johnson a	Street: 1961 Moon RD City: Mosinee zip: 54455	Do Town Uvillage City Bengen	13/5/2011 (Month) (Day) (Year)	Phone (
MaryJoidan	maryli, jordi	Street: 786 Franklin #3 City: Wausan WI zip: 54463	Orown Ovillage Ovillage Ovillage Ovillage	12/5/20 <u>1/</u> (Month) (Day) (Year)	Email Phone
KIRKWYRO	Kink wyo	Street: 2303 SHERWADD AVE. City: ROTHSCHILD Zip: 54474	Drown Ovillage City ROTHSCHIAD	/2/5/20// (Month) (Day) (Year)	Email Phone
Mary C. Coffey Certification of Circulator Certify): I reside at 4302 Cedar Ave Village of Weston circ					

(Circulator's Residence – Street name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

(Nonth) (Day) / 20 / (Year) (Signature of Circulator)

Page No. (Official Use Only)
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the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return Commit

PO Box Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER ()R RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
Susan Cooley Su Cooley	Street: 5720 Hillcrest Dr	Naine Maine Main)1//7/20// (Month) (Day) (Year)	Email Phone
son Sharon Gauger son Sharon Yauger	street: 1108 Sea ator Dr City: Wansan WI 719: 54401	Trown Uillage City (Municipality Name)	11 / 18/20 <u>11</u> (Month) (Day) (Year)	Email 7/5 Phone
Kathleen Szarkowstz Karriew Jorkwith	Street: 1503 Military City: Rothschild W1 719: 54474	Town Evillage City Rothscht 10 (Municipality Name)	11 /8/20 <u>11</u> (Manith) (Day) (Year)	Phone
Son Lori Tonelli son Lou Lonelli	Street: 11025 North Lane Ass City: Waysay 749: 54401	Ø Town ☐ Village ☐ City Steffin (Municipality Name)	11 //8 /20// (Month) (Day) (Year)	Phone (7/5
Adam Ellenbacker	Street: 601 S. 56th Avr. Apt 4	☐ Town ☐ Village ☐ City (Municipality Name)	12 /5/2011 (Month) (Day) (Year)	Phone (92
	Certification of Circulator			
Jim Mattes (Printed Name of Circulator)	(certify): I reside at 1105 Brook Field Lawe (Circulator's Residence - Street Name and Nu	imber) 10m of L (Circulator Muni		Circulators Please include

prsonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder ned in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this all petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.